

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 2/602 502 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51								
2		1		1			52								
3		2		2			53								
4	1						54								
5		1					55								
6		1		1			56								
7		1		1			57								
8		2		2			58								
9				1			59								
10				1			60								
11				1			61								
12				1			62								
13				1			63								
14				1			64								
15				1			65								
16				1			66								
17							67								
18							68								
19							69								
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38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	2		2				TOTAL IND.								
TOTAL DEP.	8		15				TOTAL DEP.								
TOTAL CLAIMS	10		17				TOTAL CLAIMS								